CITY OF PARIS, KENTUCKY NET PROFITS LICENSE FEE RETURN

Form OLF-4 Revised 8/89

FISCAL YEAR ENDED Important	QUESTIONS (ANSWER FULLY)			
Mo. Day Year Employer ID or Soc. Sec.	A. Name of Business B. Date Business Stared in Paris			
Acct No.	C. Was activity in Paris discontinued? Yes No			
	D. If Organization was disconnected by Dissolution or Sale	if by Sale Give Name and	d	
DATE A DE NOCTORA TAMO OPENCIO DE ANNA CHANCE IN OMNIMEDICITA OR	Address of Successor			
PLEAE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNWERSHIP OR NAME AND ADDRESS SHOWN BELOW E. Did you have employees in F. Basis on which this Return		in Paris in? YesNo n is prepared, Cash Accrual		
Name and Address of Business	G. Check Which:CorporationSub-Chapter S Partnership Individual Owner Fiduciary			
	Other (state)			
	H. Have Federal Authoritie		s Originally Reported for Any	
Prior Year? YesNo If Answer "YES", Attach Schedule of Changes for Each Year.				
	II Allswei 1123 , Attac	on selectine of changes for i	Lacii I cai.	
900	HEDULE A			
		DO NOT WIDITE		
1. Total Gross Receipts per Federal Return, Form		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
Total Business Deductions per Federal Return Business Income per Federal Return				
4. ADD items not deductible (Line F, Schedule B)				
5. Total (Line 3 plus Line 4)				
6. DEDUCT items not subject (Line L, Schedule B)				
7. ADJUSTED NET BUSINESS INCOME (Line 5 less Line 6)				
8. If Sch. C (Line 4) is used enter here AVERAGE PERCENTAGE				
9. NET PROFITS subject to License Fee (Line 7 X Line 8)				
10. License Fee at 1 1/2% of Line 9				
11. Less Credits—MINIMUM PAID *ESTIMATE				
12. Sub-total (Line 10 minus Line 11)		Make Checks Pay	yable to City of Paris	
13. Interest —FOR LATE FILING— 1% per month or portion of month of Line 12 14. Penalty —FOR LATE FILING minimum \$25 or 5% not to exceed 25%— Line 12				
15. BALANCE DUE (Lines 12 + 13 + 14)			onal License Dept.	
16 If ESTIMATE overpaid indicate Refund Credit				
Paris, KY 40361				
*IF MINUMUM PAID IS MORE THAN LINE 15 NO REFUND OR CREDIT				
SC	HEDULE B			
NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH AF	RE INCLUDED IN CALCU	LATING NET INCOME I	PER FEDERAL RETURN	
ITEMS NOT DEDUCTIBLE—ADD ITEMS NOT SUBJECT—DEDUCT			EDUCT	
A. State or Local taxes based on income				
B. Capital Gain H. Royalties on Patents, Copyrights				
C. Net Operating Loss Deduction I. Dividends J. Capital Loss J. Capital Loss				
E. Other items (list)	ms (list)			
F. TOTAL ADDITIONS (enter on Line 4)	(attach schedule) L. TOTAL DEDUCTIONS (enter on Line 6).			
*EXCLUDABLE if the principal business activity is NOT investments.				
SC Business Allocation Percentage,	HEDULE C	obtain decimal		
Business Anocation I ercentage,	Divide (Col A by (Col B) to			
ALLOCATION FACTORS	Column A	Column B	Column C	
	Paris Factor	TOTAL FACTOR	PERCENTAGE	
1. Total Gross Business Receipts	\\$	\$ \$		
2. Total Wages, Salaries and Öther Personal Service				
3. TOTAL PERCENTS %				
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents) Enter	on Line 8			
	1 1 1			
I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge. Return must				
Return mu Be Signed				
Signature of Individual Preparing Return	Signature of Taxpayer		Date	